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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>BRONCO ATHLETIC ASSOCIATION, INC.</b>		<b>D</b> Employer identification number <b>82-6026578</b>
		Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number <b>(208) 385-8556</b>
		<b>1910 UNIVERSITY DR.</b>		<b>F</b> Group Exemption Number
		City or town, state or country, and ZIP + 4 <b>BOISE, ID 83725</b>		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: **N/A**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

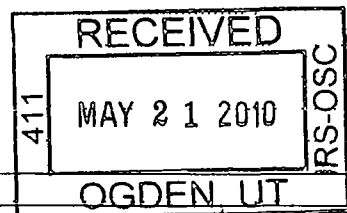
**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 0.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	Expenses	Net Assets
<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>10</b> Grants and similar amounts paid (attach schedule) <b>STMT 3</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)
<b>2</b> Program service revenue including government fees and contracts	<b>11</b> Benefits paid to or for members	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
<b>3</b> Membership dues and assessments	<b>12</b> Salaries, other compensation, and employee benefits	<b>20</b> Other changes in net assets or fund balances (attach explanation)
<b>4</b> Investment income	<b>13</b> Professional fees and other payments to independent contractors	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20
<b>5a</b> Gross amount from sale of assets other than inventory	<b>14</b> Occupancy, rent, utilities, and maintenance	
<b>5b</b> Less: cost or other basis and sales expenses	<b>15</b> Printing, publications, postage, and shipping	
<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>16</b> Other expenses (describe) _____	
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	<b>17</b> Total expenses. Add lines 10 through 16	
<b>6a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)		
<b>6b</b> Less: direct expenses other than fundraising expenses		
<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
<b>7a</b> Gross sales of inventory, less returns and allowances		
<b>7b</b> Less: cost of goods sold		
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
<b>8</b> Other revenue (describe) _____		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
		<b>10</b> <b>29,198,552.</b>
		<b>11</b>
		<b>12</b>
		<b>13</b>
		<b>14</b> <b>46,335.</b>
		<b>15</b>
		<b>16</b>
		<b>17</b> <b>29,244,887.</b>
		<b>18</b> <b>&lt;29,244,887.&gt;</b>
		<b>19</b> <b>30,688,596.</b>
		<b>20</b>
		<b>21</b> <b>1,443,709.</b>



## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>16,214,845.</b>	<b>1,443,709.</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe) <b>SEE STATEMENT 1</b>	<b>17,875,667.</b>	<b>0.</b>
<b>25</b> Total assets	<b>34,090,512.</b>	<b>1,443,709.</b>
<b>26</b> Total liabilities (describe) <b>SEE STATEMENT 2</b>	<b>3,401,916.</b>	<b>0.</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>30,688,596.</b>	<b>1,443,709.</b>

SCANNED JUL 15 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a</span> <span style="float:right">0.</span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> <span style="float:right">N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> <span style="float:right">N/A</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> <span style="float:right">N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> <span style="float:right">0.</span> ; section 4912 <span style="float:right">▶</span> <span style="float:right">0.</span> ; section 4955 <span style="float:right">▶</span> <span style="float:right">0.</span>		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <span style="float:right">0.</span>		
40d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <span style="float:right">0.</span>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶</span> <b>NONE</b>		
42a	The books are in care of <span style="float:right">▶</span> <b>THE ORGANIZATION</b> Telephone no. <span style="float:right">▶</span> <b>208-426-3822</b> Located at <span style="float:right">▶</span> <b>1910 UNIVERSITY DR., BOISE, ID</b> ZIP + 4 <span style="float:right">▶</span> <b>83725</b>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <b>43</b> <span style="float:right">N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46  |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |     | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |     | X  |
| b If "Yes," was the related organization(s) a section 527 organization?   | 49b |     |    |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 <span style="float: right;">▶</span>				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 <span style="float: right;">▶</span>		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*[Signature]* 5/18/10  
Signature of officer Date

**BOB MADDEN, EXECUTIVE DIRECTOR**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: **BILL SMITH**      Date: **05/17/10**      Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **EIDE BAILLY LLP  
877 W. MAIN ST., STE. 800  
BOISE, ID 83702**      EIN: **208-344-7150**  
 Phone no. **208-344-7150**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **BRONCO ATHLETIC ASSOCIATION, INC.** Employer identification number **82-6026578**

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6481797.	6123578.	8390490.	6787114.		27782979.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	6481797.	6123578.	8390490.	6787114.		27782979.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3210977.
<b>6 Public Support.</b> Subtract line 5 from line 4						24572002.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	6481797.	6123578.	8390490.	6787114.		27782979.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	310,490.	378,195.	412,987.	502,422.		1604094.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	<16,006.>					<16,006.>
<b>11 Total support.</b> Add lines 7 through 10						29371067.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	3,078,015.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	83.66 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	78.64 %

**16a 33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Part I Liquidation, Termination, or Dissolution (continued)**

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?
- b** (If "Yes," provide the date of the letter  )
- 5a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 6** Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c** If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
<b>3</b>		
<b>4a</b>		
<b>5a</b>		
<b>5b</b>		
<b>6</b>		
<b>7a</b>		
<b>7b</b>		

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity
	DONATION OF ALL FINANCIAL ASSETS	07/01/08	29,188,152 VALUE	INVESTMENT MARKET	82-6010706	BOISE STATE UNIVERSITY FOUNDATION 2225 UNIVERSITY DRIVE BOISE, ID 83706	501(C)(3)

**2** Did or will any officer, director, trustee, or key employee of the organization:

	Yes	No
<b>a</b> Become a director or trustee of a successor or transferee organization?		X
<b>b</b> Become an employee of, or independent contractor for, a successor or transferee organization?		X
<b>c</b> Become a direct or indirect owner of a successor or transferee organization?		X
<b>d</b> Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
<b>e</b> If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		X

**Part III** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c, or Part II, line 2e, and any additional information

ON JULY 1, 2008 THE ORGANIZATION DONATED ALL OF ITS FINANCIAL ASSETS TO BOISE STATE UNIVERSITY FOUNDATION, INC. THIS ELIMINATED THE "AGENCY" RELATIONSHIP BETWEEN THE TWO ENTITIES. FROM JULY 1, 2008 ONWARD, ALL BRONCO ATHLETIC ASSOCIATION GIFTS WILL BE RECORDED AS GIFTS TO THE BOISE STATE UNIVERSITY FOUNDATION.

FORM 990-EZ	OTHER ASSETS	STATEMENT	1
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
FUNDS HELD BY BOISE STATE UNIVERSITY	17,860,893.	0.	
ACCRUED INTEREST RECEIVABLE	14,774.	0.	
TOTAL TO FORM 990-EZ, LINE 24	17,875,667.	0.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	1,911,069.	0.	
PREPAID PRESSBOX	1,486,473.	0.	
ACCOUNTS PAYABLE & ACCRUED EXPENSES	4,374.	0.	
TOTAL TO FORM 990-EZ, LINE 26	3,401,916.	0.	

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITYDONEE'S NAME

BOISE STATE UNIVERSITY FOUNDATION,

DONEE'S ADDRESS2225 UNIVERSITY DRIVE  
BOISE, ID 83706RELATIONSHIP OF DONEE

AGENT

DESCRIPTION OF PROPERTY

FINANCIAL ASSETS

DATE OF GIFT

07/01/08

METHOD USED TO DETERMINE BOOK VALUEMETHOD USED TO DETERMINE FAIR MARKET VALUE

INVESTMENT MARKET VALUE

BOOK VALUE

29,198,552.

AMOUNT GIVEN

29,198,552.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

29,198,552.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



## BRONCO ATHLETIC ASSOCIATION, INC.

82-6026578

RANDY HEFFNER , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
GARY HERRIOTT , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
PAT INSKO , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
CLARENCE JONES , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
BARBARA KENNEDY , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
RICHARD LIBBY , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
BOB MADDEN, JR. , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	EXECUTIVE DIRECTOR 2.00	0.	0.	0.
TONY MAHER , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	PRESIDENT 2.00	0.	0.	0.
CJ MARTIN , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
MIKE MATHER , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
GAIL MAY , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
MIKE MERS , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
JON MILLER , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
BRIAN MURPHY , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
ALLEN NOBLE , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
BILL POST , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
PAUL POWELL , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.



BRONCO ATHLETIC ASSOCIATION, INC.

82-6026578

WES PROUTY , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
DON REIMAN , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	PAST PRESIDENT 2.00	0.	0.	0.
MARK UMESS , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
RON VAN AUKER, JR. , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
ROBERT VORBECK , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
DIANE WEIBLE , 1910 UNIVERSITY DRIVE, BOISE , ID 83725	VICE PRESIDENT 2.00	0.	0.	0.
TIMBRE WOLFE , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	DIRECTOR 2.00	0.	0.	0.
ROLLY WOOLSEY , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	PRESIDENT 2.00	0.	0.	0.
BRIAN YEARGAIN , 1910 UNIVERSITY DRIVE, BOISE, ID 83725	TREASURER/BUDGET CHAIR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

TO PROMOTE AND ADVANCE THE ATHLETIC PROGRAMS OF BOISE STATE UNIVERSITY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>BRONCO ATHLETIC ASSOCIATION, INC.</b>	Employer identification number <b>82-6026578</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>1910 UNIVERSITY DR.</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BOISE, ID 83725</b>	

**Check type of return to be filed** (File a separate application for each return).

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of **▶ 1910 UNIVERSITY DR. - BOISE, ID 83725**  
 Telephone No **▶ 208-426-3822** FAX No **▶**

• If the organization does not have an office or place of business in the United States, check this box  **X**  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2010**  
 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**  
 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension

**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ CPA** Date **▶**